

NOV 30 2006

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To:	Commissioner of Patents P. O. Box 1450 Alexandria, VA 22313-1450	From:	William A. Simons Reg. No. 27,096 Attorney under 37 CFR 1.34
Fax:	571-273-8300	Pages:	8 (including cover sheet)
Phone:	571-272-1134	Date:	November 30, 2006
Re:	Application No. 10/783,908 (<u>Reprint</u>)		

Documents

Transmitted: (1) Transmittal Form (1 page)
(2) Amendment (5 pages)
(3) Petition For Extension of Time (1 page)

Applicant(s): Jon Jody Fong
Application No.: 10/783,908
Filed: February 20, 2004
Grp./A.U.: 1722
Examiner: Emmanuel S. Luk
Docket No. USA.292-1

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A handwritten signature in cursive script, appearing to read 'William A. Simons', written over a horizontal line.
William A. Simons

Date: November 30, 2006

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PTO/SB/21 (09-06)

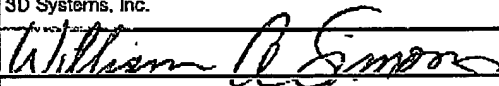
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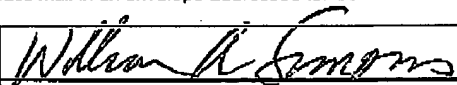
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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/783,908	RECEIVED CENTRAL FAX CENTER NOV 30 2006
	Filing Date	February 20, 2004	
	First Named Inventor	Jon Jody Fong	
	Art Unit	1722	
	Examiner Name	Emmanuel S. Luk	
Total Number of Pages in This Submission	6	Attorney Docket Number	USA 282-1

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<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	3D Systems, Inc.		
Signature			
Printed name	William A. Simons		
Date	November 29, 2006	Reg. No.	27,086

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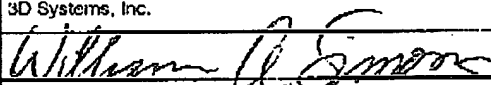
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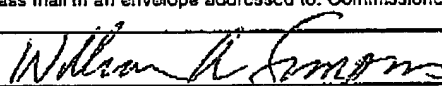
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